

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Committee to Elect Toby Barker
 Address P.O. Box 18822; Hattiesburg, MS 39404 County Forrest
 Telephone 601.307.3802 Fax _____
 Office Sought State Representative - HD 102 Email Address toby@tobybarker.com

☐ Check here if above is different from previous report

X January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016)... Mandatory
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =		This Period	Calendar Year-To-Date
Total amount of contributions	\$ 6750	+\$ 1200	\$ 7950	\$ 7950
Total amount of disbursements	\$ 6311.54	+\$ 548.82	\$ 6860.36	\$ 6860.36
Total amount of cash on hand			\$ 31,777.30	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

1/31/17
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Committee to Elect Toby BarkerReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Baker Donelson</u>		<u>12</u> / <u>21</u> / <u>16</u>	\$ <u>500</u>
Mailing Address <u>4268 I-55 North, Meadowbrook Office Park</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Mississippi Association of Realtors</u>		<u>12</u> / <u>9</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 321000</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Mississippi Independent RX PAC</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>500</u>
Mailing Address <u>4209 Lakeland Drive Suite 399</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Committee for Clean Environment and Fair Taxation</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>3000 N State Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Committee to Elect Toby BarkerReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>The Corbitt Co LLC</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 14255</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Magee Enterprises Inc.</u>		<u>12</u> / <u>11</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>105 Millcreek Corners</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Willie Bozeman</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 1038</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Andy Taggart</u>		<u>12</u> / <u>12</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>148 Chapel Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Committee to Elect Toby BarkerReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rehabilitation Centers, LLC</u>		<u>11</u> / <u>25</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>100-A Jadek Drive NE</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Magee, MS 39111</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Mississippi PAC</u>		<u>10</u> / <u>7</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>111 E. Capitol St Ste 6030</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer Inc.</u>		<u>10</u> / <u>17</u> / <u>16</u>	\$ <u>500</u>
Mailing Address <u>6730 Lenox Center CT</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Memphis, TN 38115</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser Busch</u>		<u>8</u> / <u>23</u> / <u>16</u>	\$ <u>500</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>

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A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>PHRMA</u>		<u>11</u> / <u>29</u> / <u>16</u>	\$ <u>500</u>
Mailing Address <u>950 F Street NW Suite 30</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Washington DC 20004</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Amerigroup</u>		<u>12</u> / <u>14</u> / <u>16</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 68086</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Cincinnati, OH 45206</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Monsanto</u>		<u>8</u> / <u>18</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>800 North Lindbergh</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>St. Louis, MO 63167</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Mississippi Dental Political Action Committee</u>		<u>12</u> / <u>7</u> / <u>16</u>	\$ <u>500</u>
Mailing Address <u>439 B Katherine Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Committee to Elect Toby BarkerReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MAE-PAC</u>	<u>12</u> / <u>14</u> / <u>16</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 2663</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Tuscaloosa, AL 35403</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Committee to Elect Toby BarkerReporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Live at 5	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 309 McLeod Street	4 / 15 / 16	\$ 500
City, State, Zip Code Hattiesburg, MS 39401	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 500
B. Full name EMMIT Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3402 W Adeline St	5 / 26 / 16	\$ 3708
City, State, Zip Code Hattiesburg, MS 39402	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Consulting and Polling	Aggregate Year-to-date	\$ 3708
C. Full name Stacy Ahua	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 710 Corinne St	12 / 12 / 16	\$ 1200
City, State, Zip Code Hattiesburg, MS 39401	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	\$ 1200
D. Full name Toby Barker	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 409 South 21st Avenue	4 / 22 / 16	\$ 665.54
City, State, Zip Code Hattiesburg, MS 39401	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Reimbursement for Web hosting, legislative dinner and page expenses	Aggregate Year-to-date	\$ 665.54
E. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3 / 6 / 16	\$ 97
City, State, Zip Code Hattiesburg, MS 39401	11 / 8 / 16	\$ 141
Purpose of Disbursement (Optional) Postage and P.O. Box Renewal	Aggregate Year-to-date	\$ 238
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$